

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001623

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** VALRICO FAMILY CHIROPRACTIC, LLC

**Current Principal Place of Business:**

1452 OAKFIELD DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1302  
VALRICO, FL 33595

**New Mailing Address:**

**FEI Number:** 71-1044750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FREDERICK T. LOWE, ESQ.  
107 S. BRADFORD AVENUE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

LINDA RICH-CONSIGLIO, D.C.  
1128 LUMSDEN TRACE CIRCLE  
VALRICO, FL 33594 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LINDA RICH-CONSIGLIO, D.C.

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RICH-CONSIGLIO, LINDA  
Address: PO BOX 1302  
City-St-Zip: VALRICO, FL 33595

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA RICH-CONSIGLIO, D.C.

MGRM

04/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date